



# A Feasibility Study of the Provision of Brief Interventions on Alcohol by Community Pharmacists.

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# Why Community Pharmacies?

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## ○ **Availability & Access:**

- 600,000 people visit a community pharmacy in Scotland every day without an appointment
- 95% of the population visit a community pharmacy at least once each year

## ○ **First port of call for many minor ailments:**

- Difficulty sleeping
- Feeling run-down
- Minor accidents



# Planning

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- No published studies of brief interventions in community pharmacies worldwide.
- UK pharmacists seemed to receive little/no training on alcohol-related health promotion (CPD & undergraduate gap).
- Potential confidentiality issues.
- No obvious reimbursement.



# The Drinking Interventions in Pharmacies Study (DIPS)

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- **Aim:** to develop, implement and evaluate a pilot project to deliver interventions on alcohol issues in community pharmacies.
  
- **Objectives:**
  - Establish a pilot project in which trained community pharmacists initiate discussion of alcohol consumption with targeted pharmacy clients and screen, intervene or refer as appropriate
  - Explore, with pharmacists and clients, the feasibility, acceptability, perceived value and perceived impact of the provision of such interventions in community pharmacy settings.
  - Identify markers of good practice and formulate recommendations for future practice.



# Baseline Evaluation

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- Telephone interview with pharmacists
- Two questionnaires: AAPPQ & competency-based
- Outcomes:
  - Virtually no current health promotion re alcohol
  - Poor knowledge of units or options for cutting down.
  - Unfamiliar with screening/BIs.
  - Positive about working with hazardous drinkers.
  - Lacking in confidence but supportive of BIs as a role for pharmacists.
  - Reservations: time, space, client willingness



# Training

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- Pharmacists each attended two full days of training covering:
  - Prevalence & consequences of problem alcohol use in Scotland including classifications of use
  - Attitudes to alcohol use, users and working with alcohol users as community pharmacists
  - Sensible drinking guidelines & units
  - The Fast Alcohol Screening Tool
  - Brief Interventions case studies & role plays.
  - Motivational interviewing case studies & role plays.
  - Local services
  - Recording & reporting procedures.
- Pharmacy Assistants (up to four from each pharmacy) attended 1 day of training.
- Self-rated competence & confidence improved dramatically after training.



## How it worked...

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- Either pharmacist or assistant introduced study to clients - if interested, pharmacist sought full informed consent.
- Primary targets were those clients who would not necessarily be picked up by other health services i.e.
  - Emergency Contraception
  - Smoking Cessation
  - Feeling Run-Down/Stressed/ Fatigued
  - Sleep Difficulties
- Clients were then asked by pharmacists to describe what they would normally drink in a week.
- Pharmacist completes FAST screening tool then proceeds to appropriate intervention.



# Results

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- All pharmacists successfully recruited clients between July & October 2005.
- In total 70 clients were recruited:
  - 19 seeking smoking cessation advice (27%)
  - 13 asked about posters/displays in the pharmacy (19%)
  - 12 feeling run-down/tired/lethargic or seeking a tonic/multivitamin or herbal remedy (17%)
  - 4 seeking sleep-aids (6%)
  - 2 seeking emergency hormonal contraception (3%)
  - 20 other/not recorded.





# Results of Screening

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- Of the 70 clients recruited:
  - 30 (43%) were drinking hazardously (3-6 on FAST)
  - 7 (10%) were drinking harmfully (7+ on FAST)
  - 40 agreed to be followed up of whom 25 had screened as hazardous or harmful drinkers.
- Interventions included:
  - Feedback on screening & risks to health
  - Explanation of sensible drinking & units
  - Discussion of pros & cons of present drinking.



# Pharmacist Views

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- Very positive about importance and relevance of this as a role for pharmacists.
- Clients did not seem to mind being asked to be involved
  - No aggression/negativity.
  - Some people said they didn't have time.
  - Posters & displays helped to recruit.
- Time-consuming.
- Easy to implement "once you got started"



# Pharmacist Quotes

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"I'd say people aren't used to being asked about their drinking habits and I think there is a lot of information you can actually provide for people. A lot of people were still in the attitude of weekly limits and didn't really think too much about binge drinking as being a problem so I think a lot of people appreciated me speaking to them."

"I definitely found everybody quite honest and open and I think people especially with all this publicity about pharmacies people do sort of see you as a health professional but without that white coat formality "



## Client Views

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- 19 clients participated in a follow-up telephone interview & re-screening.
- Most (15) were happy to take part & positive about it increasing their knowledge.
- Pharmacists' relaxed style was particularly commented on.
- 4 clients found it less worthwhile or interesting
  - All hazardous/harmful to begin with.
  - Not keen to change behaviour.



## Client Quotes

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- “[The pharmacist] was very friendly and didn’t make you feel like you had to do it and didn’t make you feel embarrassed about it and just encouraged you to be honest and I felt I could be honest with her.”
- “Personally I didn’t have any problem with it, and as I say I did find it quite interesting but you know it’s a bit of a shock as well.”



## Client Quotes

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- "I've got no intention of stopping drinking. I like a drink you know. He [the pharmacist] was just talking."
- "It wasn't embarrassing or anything, no...but its not really the kind of thing you want to be asked when you're in buying a pair of straighteners."



## Client Follow-Up

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- No statistical significance - not goal of research.
- Attrition & low numbers.
- Of the 19 clients followed up 4-8 months later:
  - 7 scored lower on FAST at follow-up
  - 1 scored higher on FAST at follow-up
- Randomised controlled trial planned.



# Pointers for Future Practice

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- Second pharmacist valuable to free up time.
- Private area better for pharmacists & clients.
- Posters considered valuable.
- Pharmacists felt training was essential and not too long.
- Formal paperwork was valued by pharmacists so that clients “felt they were taking part in something official” (not just pharmacists being nosy!).





# Implications/Issues

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- Current levels of knowledge probably low.
- Definitely feasible for pharmacists to take on role but training required.
- Seemingly high levels of hazardous drinking in pharmacy population – why?
- Some issues requiring further exploration (in addition to RCT to measure impact):
  - Which clients to target?
  - How best to recruit?
  - Specialist pharmacies or all pharmacies?
  - Role of non-pharmacist staff in pharmacy?
  - Economic implications.



For more info:

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Full report available on  
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